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	Substitute for Form PTO-875 Effective December 8, 2004												Application or Docket Number				
		Effec	fective December 8, 2004				10/649,777										
		LICATION AS FILED - (Column 1)				(Column 2)		SMALL ENTITY			Y	OR	OTHER THA		R THAN		
	BASIC FEE	3	NUMBER FILED			NUMBER EXTRA		A	RATE (\$)		FEE (1)			[ · ·		7	
	SEARCH FEE	. NA		· ·	N/A									RATE (\$)			
	(37 CFR 1 16(N)	. NA				N/A		N		\$25			NIA	•	300.00		
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۱,	TOTAL CLAIM (37 CFR 1 16(1)		. unu		nus 20 =	•		$\neg$	X\$ 25		V.10	-		N/A		\$200	
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	APPLICATION SIZE  SEE  37 CFR 1 16(e))  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small enity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							e		1		1		X200	•		
_^	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1 164))									+	· .	$\dashv$	·	+360=			
	*If the difference in column 1 is less than zero, enter "0" in column 2.  APPLICATION AS AMENDED - PART II								Toise	+	·	$\dashv$	L	+300=	_		
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100 1 OT	he Highest Num ection of information process) an a	ation is requi	red by	37 CFR	1.16. The	nforma	is the highest tion is required	number to obta	found in th	e appro	priate b	ox in co	lumn 1		· 	. l·	

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of lime you require to complete this form and/or suggestions for reducing this burden, should be cent to the Chief Information Officer, U.S. Patient 1 Tradernark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.